

**PARENTAL CONSENT WAIVER AND RELEASE OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____

(the "minor") to participate in _____ (NAME OF MINOR)
_____ and related activities, I, the parent/guardian of the minor for
(NAME OF CLASS)
myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity;
2. Agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the conditions of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
4. Release, waive, discharge, and relinquish the City of Eureka and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
5. Assume any and all risks of personal injuries to the minor and authorize the City of Eureka or the Permittee/Sponsor to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
6. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the Permittee/Sponsor, the City of Eureka and their officers, employees, and agents attributable to the minor's participation in the event or activity;
7. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the City of Eureka or their agents and employees and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
8. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
9. Acknowledge that the City of Eureka and Permittee/Sponsor are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above named event or activity.

IMPORTANT:

THIS DOCUMENT RELIEVES THE CITY OF EUREKA AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OR GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PLEASE PRINT PARTICIPANT'S NAME _____
Last First

ADDRESS _____
Street City Zip

AGE _____ DAYTIME PHONE _____ EMERGENCY DAY TIME PHONE _____

Signature of Father Date Signature of Mother Date

REFUND POLICY:

- In the event that the Recreation Division cancels an activity, all fees collected are fully refundable or fully transferable
- Should a participant cancel a class or activity, no refund will be given
- No pro-rates are given for missed classes

**** FOR OFFICE USE ONLY ****

Class Fee _____	Non Resident Fee _____ (Non Resident Fees apply to anyone living outside City Limits - \$1.00 Youth - \$2.00 Adult)	
Amount Paid _____	Receipt # _____	Staff Initials _____

THE CITY OF EUREKA DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/CLASS/ACTIVITY

Revised 5/04